

SENATE CONSERVATIVES FUND

228 S. Washington St., Ste. 115

Alexandria

VA

22314

FEC ID No. C00448696

☒ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 4

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
SENATE CONSERVATIVES FUND

FEC IDENTIFICATION NUMBER

C C00448696

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Newsmax

Date

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Amount

14000.00

City

West Palm Beach

State

FL

Zip Code

33416

Purpose of Expenditure

IE-Buck-Emails

Category/  
Type

003

Office Sought:

☐ House

State: CO

☒ Senate

District: 00

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE.4878

Calendar Year-To-Date Per Election

266968.82

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Newsmax

Date

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Amount

3500.00

City

West Palm Beach

State

FL

Zip Code

33416

Purpose of Expenditure

IE-Angle-Email List

Category/  
Type

003

Office Sought:

☐ House

State: NV

☒ Senate

District: 00

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE.4880

Calendar Year-To-Date Per Election

252203.37

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

17500.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

Signature

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

## 24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 2 / 4  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00448696
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Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Newsmax

Date

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Amount

3500.00

Mailing Address  
PO Box 20989City State Zip Code  
West Palm Beach FL 33416Purpose of Expenditure  
IE-Buck-Email ListsCategory/  
Type 003Office Sought: ☐ House State: CO  
☒ Senate District: 00  
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:  
KENNETH R BUCKDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election 270468.82  
for Office Sought

Transaction ID: SE.4882

Full Name (Last, First, Middle, Initial) of Payee

Newsmax

Date

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Amount

3500.00

Mailing Address  
PO Box 20989City State Zip Code  
West Palm Beach FL 33416Purpose of Expenditure  
IE-Rossi-Email ListsCategory/  
Type 003Office Sought: ☐ House State: WA  
☒ Senate District: 00  
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:  
DINO ROSSIDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election 45701.57  
for Office Sought

Transaction ID: SE.4884

(a) SUBTOTAL of Itemized Independent Expenditures .....

7000.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

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Lisa Lisker

Signature

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

## 24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 3 / 4  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND		FEC IDENTIFICATION NUMBER <b>C</b> C00448696	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Newsmax		Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0	
Mailing Address PO Box 20989		Amount 3500.00	
City West Palm Beach	State FL	Zip Code 33416	Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential
Purpose of Expenditure IE-Miller-Email Lists		Category/ Type 003	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE.4886	
240134.07			

Full Name (Last, First, Middle, Initial) of Payee SENATE CONSERVATIVES FUND		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0	
Mailing Address 228 S. Washington St., Ste. 115		Amount 865.35	
City Alexandria	State VA	Zip Code 22314	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential
Purpose of Expenditure IE-Angle-Online Proc- essing		Category/ Type 003	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE.4888	
248703.37			

(a) SUBTOTAL of Itemized Independent Expenditures .....	4365.35
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Lisa Lisker Signature	M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 4 / 4

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NAME OF COMMITTEE (In Full)  
SENATE CONSERVATIVES FUND

FEC IDENTIFICATION NUMBER

C C00448696

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

SENATE CONSERVATIVES FUND

Date

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Mailing Address

228 S. Washington St., Ste. 115

Amount

677.80

City

Alexandria

State

VA

Zip Code

22314

Purpose of Expenditure

IE-Rossi-Online Proc-  
essingCategory/  
Type

003

Office Sought:

☐ House

State: WA

☒ Senate

District: 00

☐ Presidential

Check One:

☒ Support☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

DINO ROSSI

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE.4890

Calendar Year-To-Date Per Election

42201.57

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

677.80

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

29543.15

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

Signature

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0